

RECEIVED-ATFSC  
 07 OCT 22 AM 10:11  
 COMMISSION  
 CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee  <i>X Maeda Huettner</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee  <i>MARSA HUETTNER</i></p> <p>C. Date of Delivery  <i>10-11-7</i></p>
<p>1. Article Addressed to: <i>070431</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below:</p>
<p>Dial-Thru, Inc.        Mr. Allen Sciarillo        17383 West Sunset Blvd., Suite 300        Pacific Palisades CA 90272-4100</p>	<p>Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p><i>PSC-07-0799-CO-TI</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Article Number        (Transfer from service label)</p>	<p><i>7006 2760 0003 8797 6044</i></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

09587 OCT 22 6

FPSC-COMMISSION CLERK